PTO/SB/22 (12-04)

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|---|------------|---------------------------|------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 | | Docket Number (Optional) | |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | UCDV-286 | |
| Application Number: 10/663,454 | | Filed: September 15, 2003 | |
| For: "STEAROYL CoA DESATURASE TRANSGENIC NON-HUMAN ANIMALS" | | | |
| Art Unit: 1632 | | Examiner: HAMA, JOANNE | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | <u>Fee</u> | Small Entity Fee | |
| One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ |
| ☐ Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| | \$1020 | \$510 | \$ <u>510.00</u> |
| ☐ Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| ☐ Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | | | |
| ☐ A check in the amount of the fee is enclosed. | | | |
| ☑ Payment by credit card. Form PTO-2038 is attached. | | | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0815</u> . | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the applicant/inventor | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | |
| attorney or agent of record. Registration Number 42,344 | | | |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | | | |
| Dan & | | Oct. 6, 2005 | |
| . Signature . | | Date | |
| Paula A. Borden | | (650) 327-3400 | |
| Typed or Printed Name | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of forms are submitted. | | | |

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